

## City of Long Beach Department of Health and Human Services Tobacco Retail Enforcement Program 2525 Grand Avenue, Room 220, Long Beach CA 90815

Phone: (562) 570-7905 or 7923 Fax: (562) 570-8124

## **APPLICATION**

## TOBACCO RETAIL PERMIT [Long Beach Municipal Code 5.81]

This Application is for:	New Permit	Change of Ownership
(Check box)	Change of Business Name	Change of Location
Name of Business (DBA):		· ·
	Please print)	
Type of Ownership: (Check box)	Individual Corporation	Partnership Other
Business Address:(Please pr	int)	
Name of Owner(s):	int)	(Please print)
Mailing Address:	City:	State:Zip:
(Please print		ease print)
Phone: ()	Fax: ()	Email:
City of Long Beach Business License#:		
CA State Board of Equalization Tobacco License#:		
(DO NOT SEND PAYMENT WITH APPLICATION)		
This application must be completed, signed and returned to the address above by mail or fax, even if you do not require a permit.		
This application <u>musi</u> be comp	oletea, signea and returned to the dadress above	e by man or fax, <u>even if you do not require a permit.</u>
This application must be comp	Please check the appropria	
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I am a tobacco ret	Please check the appropria	ate box:  Long Beach Tobacco Retail Permit.
I am a tobacco ret	Please check the appropria	ate box:
I am a tobacco ret	Please check the appropriations and hereby apply for a City of a retailer and do not sell any tobacco	ate box:  Long Beach Tobacco Retail Permit.
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